

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF TENNESSEE  
AT \_\_\_\_\_

FILED

2015 AUG 17 P 12:32

U.S. DISTRICT COURT  
EASTERN DIST. TENN.

DEPT

William Lobertini )

# 00419311 )

\_\_\_\_\_  
(Enter above the NAME of the  
plaintiff in this action.) )

v. )

CAMPbell CO. Jail )

Rep. ERic Jones )

SGT. Smith, LT. Comber )

(Enter above the NAME of each  
defendant in this action.) )

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS  
(42 U.S.C. Section 1983)

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES ( ) NO (X)

B. If your answer to A is YES, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

2. COURT: (If federal court, name the district; if state court, name the county):  
\_\_\_\_\_
3. DOCKET NUMBER: \_\_\_\_\_
4. Name of Judge to whom case was assigned: \_\_\_\_\_
5. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
6. Approximate date of filing lawsuit: \_\_\_\_\_
7. Approximate date of disposition: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: CAMPBELL CO. JAIL

- A. Is there a prisoner grievance procedure in this institution? YES ☒ NO ( )
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure?  
YES ☒ NO ( )
- C. If your answer is YES,
1. What steps did you take? I HAVE FILED SEVERAL GRIEVANCE FORMS + REQUESTED TO SPEAK TO ADMINISTRATION
2. What was the result? I HAVE NOT HAD ANY RESPONSE TO MY GRIEVANCE OR ABLE TO SPEAK TO ANYONE.
- D. If your answer to B is NO, explain why not. \_\_\_\_\_
- E. If there is no prison grievance procedure in the institution, did you complain to the prison authorities? YES ☒ NO ( )
- F. If your answer is YES,
1. What steps did you take? I HAVE SENT LETTERS TO SGT. SMITH, LT. COMBER

2. What was the result? I WAS SENT two pieces of  
correspondance I've included.

### III. PARTIES

(In item A below, please your name in the first blank and place your present address in the second blank. Do the same for any additional plaintiffs.)

- A. Name of plaintiff: William Lobertini #00419311  
Present address: Campbell Co. Jail P.O. box 92 Jacksboro TN, 37757  
Permanent home address: 409 N 4<sup>th</sup> ST Lafollette TN 37766  
Address of nearest relative: 409 N 4<sup>th</sup> ST Lafollette TN 37766

(In item B below, place the FULL NAME of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the additional names, positions, and places of employment of any additional defendants.)

- B. Defendant: ACP. ERIC JONES CAMPBELL CO. JAIL  
Official position: CAPTAIN  
Place of employment: CAMPBELL CO. JAIL
- C. Additional defendants: SGT. SMITH, LT. COMBER  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. STATEMENT OF CLAIM

(State here as briefly as possible the FACTS of your case. Describe how EACH defendant is involved. Include also the names of other persons involved, dates and places. DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.)

ALL THE OCCURANCES ARE ONGOING AND HAVE BEEN  
SO SINCE MY INTAKE OF 5-21-15 TO PRESENT.

1. I WAS SENT FROM THIS FACILITY TO A MENTAL HEALTH INSTITUTE TO BE STABILIZED AND IMMEDIATELY DENIED A NON-NARCOTIC MEDICATION I'VE BEEN ON FOR 8 YRS INCARCERATED UPON MY RETURN. (trihexyphenidyl 2mg)
2. MAIL IS GIVEN SOMETIMES ONCE A WEEK AND I'M NOT ABLE TO SEAL MAIL I'M SENDING OUT WHEN I AM CONVERSING WITH FAMILY ABOUT MEDICAL & COURT PROCEEDINGS.
3. MY FOOD IS SERVED TO ME BY CO'S THAT ARE DRIPPING SNUFF AT THE TIME AND PROPER HAIR NETTING IS NOT WORN.
4. I DON'T HAVE ACCESS TO TREATMENT THAT COULD EXTEND MY LIFE SUCH AS INTERFERON FOR HEP-C.
5. THERE IS NO THERAPIST ON FULL TIME HERE FOR LEVEL II PSYCHIATRIC PATIENTS SUCH AS MYSELF.
6. FOOD IS SERVED BELOW STATE STANDARD TEMP.

AS A STATE INMATE I AM BEING HOUSED IN SUB-STANDARD CONDITIONS PERTAINING TO MY MENTAL HEALTH, MEDICAL, DIETARY, AND MY HOUSING THEN I WOULD IN A TDOC FACILITY. I AM SUFFERING TO PAY FOR THIS NEW FACILITY

V. RELIEF

(State BRIEFLY exactly what you want this Court to do for you. Make NO legal arguments.

Cite NO cases or statutes.)

SHIP MYSELF AND OTHER TDOC INMATES TO A  
TDOC FACILITY FOR PROPER PROCESSING AND ADDRESS  
THE INFRACTIONS IN THIS CASE FOR FUTURE  
INMATES HELD IN THIS FACILITY

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge and belief.

Signed this 5<sup>th</sup> day of AUG, 20 15.

William Leherini  
Signature of plaintiff(s)

William Lobertini K13: TDOC contacts us with the number of people they want. We do not contact them.

SGT. Smith

William Lobertini K13: I forwarded your letter to LT. Comer  
SGT. Smith



WILLIAM LOBERTINI #00419311

CAMPBELL CO. JAIL

P.O. BOX 82

JACKSON, TN 37757

(Letter 1 of 2)

KNOXVILLE TN 377

13 AUG 2015 PM 2 L



UNITED STATES DISTRICT COURT  
RECEIVED

800 MARKET ST. SUITE 130

KNOXVILLE, TN 37902

AUG 17 2015

Written by Inmate at  
Campbell County Jail.  
District Court  
District of Tennessee  
Knoxville

37902230330

